



THE UNIVERSITY OF NEW MEXICO ♦ HEALTH SCIENCES CENTER - SCHOOL OF MEDICINE

Combating Violence Against Indian Women and Children: Facts, Figures, & Resources

A Presentation to the New Mexico Legislature
Indian Affairs Committee (Interim)

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“Understanding the history of violence against women and the dynamics of oppression, helps us to have a clearer understanding of what we do control and are accountable for as individuals. We have then cleared the path to reclaim our natural, traditional ways that lead us to a non-violent and respectful way of living.”

— Brenda Hill, South Dakota Coalition Against Domestic Violence and Sexual Assault

Source: *Building Domestic Violence Health Care Responses in Indian Country: A Promising Practices Report*.
The Family Violence Prevention Fund & Mending the Sacred Hoop Technical Assistance Project, Sacred Circle,
www.endabuse.org/health

What is Domestic Violence?

- **Domestic violence** is a pattern of assaultive and coercive behaviors that include physical, sexual and psychological [attacks], as well as economic coercion, that adults or adolescents use against their intimate partners.
- **Abuse:** Behaviors that physically, sexually, emotionally, psychologically act to diminish or dehumanize a person.
- **Assault:** An act that intentionally inflicts bodily harm through the use of force or that puts someone in fear of imminent bodily harm.
- **Battering:** A pattern of intimidation, coercion, and threats of or actual violence used by an individual to establish and maintain control over his or her partner.

U.S. Facts

- 1 in every 4 women will experience domestic violence in her lifetime.
- An estimated 1.3 million women are victims of physical assault by an intimate partner each year.
- Boys who witness domestic violence are twice as likely to abuse their own partners and children when they become adults.
- 1 in 12 women have been stalked; 81% of women stalked by a current or former intimate partner are also physically abused by that partner; 31% are also sexually assaulted by that partner.

DV and Abuse

- DV increases the risk for child abuse and neglect up to 15 times the national average
- Youth abused as children are more likely to:
 - drop out of school,
 - become pregnant at a young age,
 - suffer from depression,
 - attempt suicide, and
 - engage in delinquency, violence, and substance use.

Child Abuse & Father Absence

- An analysis of child abuse cases in a nationally representative sample of 42 counties found that children from single parent families are more likely to be victims of physical and sexual abuse than children who live with both biological parents. Compared to their peers living with both parents, children in single parent homes had:
 - 77% greater risk of being physically abused
 - 87% greater risk of being harmed by physical neglect
 - 165% greater risk of experiencing notable physical neglect
 - 74% greater risk of suffering from emotional neglect
 - 80% greater risk of suffering serious injury as a result of abuse
 - 120% greater risk of experiencing some type of maltreatment overall.

There are 16,800 homicides and \$2.2 million (medically treated) injuries due to intimate partner violence annually, which costs \$37 billion.

Source: Domestic Violence Facts. National Coalition Against Domestic Violence, Public Policy Office.

Societal Consequences

- **Direct costs.** Direct costs include those associated with maintaining a child welfare system to investigate and respond to allegations of child abuse and neglect, as well as expenditures by the judicial, law enforcement, health, and mental health systems. A 2001 report by Prevent Child Abuse America estimates these costs at \$24 billion per year.
- **Indirect costs.** Indirect costs represent the long-term economic consequences of child abuse and neglect. These include costs associated with juvenile and adult criminal activity, mental illness, substance abuse, and domestic violence. They can also include loss of productivity due to unemployment and underemployment, the cost of special education services, and increased use of the health care system. Prevent Child Abuse America estimated these costs at more than \$69 billion per year (2001).

Domestic Violence Facts



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Lifetime Prevalence of Interpersonal Violence – New Mexicans 18 and older

- **Domestic Violence 24%**
- **Intimate Partner Violence 18%**
- **Stalking 16%**

- **Domestic Violence**
 - Women 32% or 1 in 3
 - Men 15% or 1 in 7
- **Intimate Partner Violence**
 - Women 25% or 1 in 4
 - Men 10% or 1 in 10
- **Stalking**
 - Women 25% or 1 in 4
 - Men 7% or 1 in 14

Source: Incidence and Nature of Domestic Violence in New Mexico X: An Analysis of 2010 Data from The New Mexico Interpersonal Violence Data Central Repository Developed by Betty Caponera, Ph.D. December 2011, Factsheet Section; Available online at: http://www.nmcsap.org/Betty_Caponera_DV_in_NM_X_2010_Data_web.pdf

NM Demographics

New Mexico victims of domestic violence as reported by law enforcement were predominantly female (72%) and 19-45 years old (68%). *Hispanics* (52%) and *Native Americans* (16%) were represented significantly more among victims than their representation in the state population (46% and 9%, respectively).

- Although intimate partner violence affects members of all racial and ethnic groups, rates of fatal intimate partner violence are **higher among American Indian and Alaska Native women in New Mexico** (4.9 per 100,000) than among Anglo (1.8) or Hispanic (1.7) women. Steps must be taken in New Mexico, and across the rest of the nation, to address this disparity.

Intimate Partner Violence (IPV)

- IPV is a major public health, social, and criminal justice problem in New Mexico. About 36 people die per year in NM due to IPV.
- During 2003 and 2004 there were 72 IPV-related deaths. An in-depth review of 28 of those deaths found that 11% were American Indian, 86% of the victims were women, the majority were murdered in their own residence by a firearm, and in 32% of the cases, children were present, killed, or witnessed the homicide.

Number of Law Enforcement Reported Domestic Violence Incidents Involving Alcohol/Drug Use for All Counties

Worst 5 Counties	
Lincoln	66%
Quay	65%
Roosevelt	56%
McKinley	51%
Cibola	50%

Best 5 Counties	
Los Alamos	18%
Lea	20%
Curry	26%
Otero	26%
Taos	33%

Source: Domestic Violence Trends in New Mexico, 2005-2009. An Analysis of Data from The New Mexico Interpersonal Violence Data Central Repository, Developed by Betty Caponera, *Ph.D.*, February 2011. Available online at: http://www.nmcsap.org/Betty_Caponera_DV_Trends_in_NM_2005-2009_Report_web.pdf

Adverse Childhood Events & Incarcerated AI Women in NM

Adverse Childhood Event (N=36)	N	%
Witnessed violence in the home	26	72.2
≥1 family member with drug/alcohol problem	27	75.0
≥1 family member with mental illness	15	41.7
≥1 family member incarcerated	25	69.4
Sexually abused	19	52.8
Physically abused	15	41.7
Physically and sexually abused	12	33.3
Experienced physical neglect	8	22.2

Associations between Abuse or Family History of Psychiatric Illness & Mental Health Conditions, Criminal Offense, and Age at First Alcohol/Drug Use among NM Incarcerated Native Youth (N=125)

	Ever Physically Abused	Ever Sexually Abused	Family History of Psychiatric Illness
Depression or Anxiety	$\chi^2=7.61, df=1, p=.006$		
Posttraumatic Stress Disorder		$\chi^2=18.253, df=1, p=.000$	
Adjustment Disorder			$\chi^2=10.175, df=1, p=.003$
Criminal Offense: Assault & Battery			$\chi^2=3.862, df=1, p=.049$
Age at first alcohol/drug use		$t=2.179, df=82, p=.032^a$	$t=3.829, df=70.4, p=.000^b$

^a Age at first alcohol/drug use for incarcerated youth with a history of being sexually abused is **10.47 years** compared to **11.77 years** for incarcerated youth without a sexual abuse history.

^b Age at first alcohol/drug use for incarcerated youth with a family history of psychiatric illness is **10.89 years** compared to **12.59 years** for incarcerated youth without a family history of psychiatric illness.

Note: Analyses by Tassy Parker, PhD, RN (2009); Data source: Mental and Behavioral Health Characteristics of Incarcerated Native Youth in New Mexico; Center for Native American Health.

Policy Recommendations

In Indian Country, health care providers are often the first responders to domestic violence. To build on the IHS/ACF Domestic Violence Project's lessons and accomplishments, policymakers should fund a permanent program modeled after it, which locates primary prevention, early identification and response to abuse in health care settings and emphasizes community-based partnerships.

An expanded program should include:

- Replication of the promising practices, materials and lessons learned that were developed through partnerships between domestic violence/sexual assault advocates and health care experts working across Indian Country to build the field;
 - Integration of domestic violence and sexual assault trainings to promote health care responses in collaboration with community-based advocates;
 - Work to strengthen the response to sexual assault by promoting tribal code changes and legal remedies, clinical policies, Sexual Assault Response Teams (SART), forensic equipment and rape kits, and by training sexual assault nurse examiners;
 - Efforts to reduce the incidence of sexually transmitted infections, and other poor reproductive health outcomes stemming from sexual assault, and integrate training for providers on routine assessment and intervention for violence and reproductive coercion;
- Integrated assessment for lifetime exposure to domestic and sexual violence into forms and electronic health records;
 - Public education and outreach to victims with materials and tools that are culturally specific;
 - Prevention strategies, such as engaging men as role models and engaging teens in the work to build healthy relationships and prevent teen dating violence;
 - Investment in robust evaluation that tracks domestic violence and sexual assault rates and improved health outcomes as a result of health-based interventions.

In addition to expanding the IHS/ACF Domestic Violence Program into a permanent prevention and early intervention program, support should continue for the Innovations in Planned Care for the Indian Health System (IPC), which includes domestic violence as a preventative health screening measure.

About the Family Violence Prevention Fund

For more than three decades, the Family Violence Prevention Fund (FVPPF) has worked to end violence against women and children around the world. Instrumental in developing the landmark Violence Against Women Act passed by Congress in 1994 and reauthorized twice since, the FVPPF breaks new ground every day by reaching men and youth, promoting leadership within communities to ensure that violence prevention efforts become self-sustaining, and transforming the way health care providers, police, judges, employers and others address violence.

About Mending the Sacred Hoop Technical Assistance Project

Mending the Sacred Hoop Technical Assistance Project (MSH-TA) is a Native American program that provides training and technical assistance to our American Indian and Alaskan Native relations in the effort to eliminate violence in the lives of women and their children. We work with villages, reservations, rancherias and pueblos across the United States to improve the justice system, law enforcement, and service provider response to the issues of domestic violence, sexual assault and stalking in Native communities.

www.endabuse.org

**Family Violence
Prevention Fund**

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For more information, contact the Family Violence Prevention Fund:
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or Anna@endabuse.org.

Building Domestic Violence Health Care Responses in Indian Country: A Promising Practices Report - Family Violence Prevention Fund

Source:

<http://www.futureswithoutviolence.org/userfiles/file/HealthCare/PromisingPracticesPolicyRecommendations.pdf>

Resources, Interventions, Reports

- Coalition to Stop Violence Against Native Women (CSVANW) <http://www.csvanw.org/index.htm>
- A paraprofessional-delivered, family strengthening home-visiting program significantly increased mothers' child care knowledge and involvement. A longer and larger trial is needed to understand the intervention's potential to improve adolescent parenting and related child outcomes in American Indian communities. (Home-Visiting Intervention to Improve Child Care Among American Indian Adolescent Mothers: A Randomized Trial. Barlow, A. et al. *Arch Pediatr Adolesc Med.* 2006;160:1101-1107)
- "Ideas for Preventing Child Abuse in American Indian Communities (<http://www.nicwa.org/resources/library/abuse/2001ways.pdf>) and other NICWA publications—"Grassroots Prevention of Child Abuse and Neglect in Indian Communities" or "Walking in Your Child's Moccasins" or "Watchful Eyes (re: what community members can do)"
- Teen Health Resiliency Intervention for Violence Exposure (THRIVE) addresses exposure to violence and multiple layers of trauma (historical, chronic, and episodic) among American Indian youth. This is an adaptation of the school-based Cognitive Behavioral Intervention for Trauma in Schools (CBITS). The adapted program, which focused on healing historical trauma and strengthening family relationships, was implemented in To'Hajiilee, New Mexico. Families were positively affected by the program's focus on problem-solving, social support, and traditional cultural practices. Source: <http://www.cdc.gov/prc/newsroom/seminars.htm>
- The Indian Country Child Trauma Center (www.icctc.org) at the University of Oklahoma Health Sciences Center has adapted the evidence-based, trauma-focused, cognitive-behavioral therapy format using a well-being model framework (Big Foot & Schmidt, 2007).

Resources, Interventions, Reports

- A Victim-Centered Approach to Domestic Violence Against Native Women. Resource Guide for Drafting or Revising Tribal Laws Against Domestic Violence, (Updated January 2008). Primary authors: Sarah Deer, Carrie A. Martell, Hallie Bongar White, Maureen White Eagle. Available online at: http://www.tribal-institute.org/download/DV_Code_Resource_Feb_08.pdf
- Violence Against American Indian and Alaska Native Women and the Criminal Justice Response: What is Known. Authors: R. Bachman, H. Zaykowski, R. Kallmyer, M. Poteyeva, C. Lanier. Aug 2008. Available online at: <https://www.ncjrs.gov/pdffiles1/nij/grants/223691.pdf>
- New Mexico Coalition Against Domestic Violence (NMCADV). Online access at: <http://www.nmcadv.org/for-victims/about-domestic-violence/>
- National Center for Injury Prevention and Control. *Costs of Intimate Partner Violence Against Women in the United States*. Atlanta (GA): Centers for Disease Control and Prevention; 2003.
- Tribal Court Clearinghouse: Violence against Indian Women <http://www.tribal-institute.org/lists/vaiw.htm>

Resources, Interventions, Reports

- Building DMV Health Care Responses in Indian Country >> Executive summary has a brief statement about the GPRA as well as some examples for example/model protocols for addressing DMV
<http://www.futureswithoutviolence.org/userfiles/file/HealthCare/Promising%20Practices%20Report%20-%20Online%20version.PDF>
- Addressing the Epidemic of DMV in Indian Country by Restoring Tribal Sovereignty:
<http://www.acslaw.org/files/FletcherIssueBrief.pdf>
- Reports on Domestic Violence in NM – Reports by the NM Coalition against DMV
<http://www.nmcadv.org/domestic-violence-in-nm-reports-by-betty-caponera/>
- Legislative Updates – 2013 NMCADV Legislative Priorities
<http://www.nmcadv.org/policy/legislative-updates/>
- Violence Against American Indian/Alaska Native Women Fact Sheet.
<http://www.futureswithoutviolence.org/userfiles/file/Violence%20Against%20AI%20AN%20Women%20Fact%20Sheet.pdf>